

**PLEASE ATTACH COPY OF GRANT DEED**

**COUNTY OF SAN BERNARDINO  
DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE MANAGEMENT DIVISION**

**REQUEST FOR DISPOSAL USE PERMIT**

*-PLEASE PRINT CLEARLY-*

Tax Assessor's Parcel No. \_\_\_\_\_  
(this number can be found on your Property Tax Bill or your Grant Deed)

Property Owner's Name: \_\_\_\_\_

Property Owner's Daytime Phone No. (\_\_\_\_\_) \_\_\_\_\_

Property Owner's Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Property Owner's Mailing Address (if different from property address):

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Previous Owner's Name(s) (if new homeowner): \_\_\_\_\_

**Check One:**

☐ New Permit (Please attach copy of Grant Deed)

☐ Replacement Permit (Please include \$7.00 replacement fee and your Parcel No. (APN). Do not send a copy of Grant Deed for a replacement card. Please make check payable to "Solid Waste Management")

Mail to: County of San Bernardino  
Solid Waste Management Division  
222 West Hospitality Lane, 2<sup>nd</sup> Floor  
San Bernardino CA 92415-0017

Telephone: 1-800-722-8004

Fax: 1-909-386-8900

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**-FOR OFFICE USE ONLY-**

DATE OF ORDER \_\_\_\_\_

CLERK \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rev. 01/2007